

Itinerary Worksheet
Bishop Ronald F. Kimble
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PLEASE COMPLETE ALL AREA(S) THAT WOULD APPLY!

Date (s) of ministry: _____

Time of Ministry _____

Time Allotted for Ministry _____

Type of Ministry: (please check one)

Church Service Seminar/Workshop Class

Banquet Cost \$ _____ Prayer Breakfast Cost \$ _____

Theme _____

Scripture References _____

MEETING FACILITY

Host Church/Organization _____

Mailing Address _____

City _____ ST _____ Zip _____

Church Telephone _____ Church Fax No. _____

Pastor/Host _____ Cell Telephone _____

Pastor's Email _____

Meeting Coordinator _____ Telephone _____

Email Address _____

Church Email _____ Church Website _____

